



# VA ResearchCurrents

## Study shows VA maintained quality in shift to outpatient care

**S**urvival rates among chronically ill veterans remained constant in the mid-1990s despite a sharp reduction in hospital-based care provided by the VA health care system, reported VA researchers in the Oct. 23 *New England Journal of Medicine*. The study was the largest assessment to-date of the impact on veterans of VA's shift nearly a decade ago from a hospital-based system to one focused on primary and outpatient care.

Researchers at VA's Houston Center for Quality of Care and Utilization Studies (HCQCUS) and Baylor College of Medicine studied the records of 342,300 chronically ill veterans to track their health care and survival between 1994 and 1998. A reorganization of VA health care began in 1995, geared toward reducing hospital usage

and emphasizing more efficient and comprehensive care through VA primary care physicians and outpatient clinics.

According to the study, VA hospital stays fell by 50 percent and outpatient care increased moderately. Patient survival rates remained largely unchanged. The researchers also found no increase in the use of non-VA hospitals by those VA beneficiaries also covered by Medicare.

The team also found no increase in emergency-room visits. The patients included in the study had serious illnesses such as lung, kidney or heart disease, so scaling back regular hospital admissions might have forced the need for more emergency care.

The researchers studied VA's sickest patients because they reasoned any adverse effects from hospital cutbacks would be felt most by those with serious chronic illnesses. They cited at least three possible reasons why these veterans did not appear to suffer from the changes: VA was providing more hospital care than patients really needed, so the cutbacks merely reduced waste without affecting vital services; the reorganization resulted in improved and expanded primary and outpatient care; and advances in health care during the study period—such as the advent of angiotensin-converting-enzyme (ACE) inhibitors for congestive heart failure—might have saved patients from hospital visits and enhanced their survival.

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## New team of trainers helps prepare VA research sites for NCQA

VA's Office of Research and Development has created a new team of human research protection educators. They are known as "ACE!"—Accreditation Consulting Experts—and their job is to help VA research sites "ace" the process of earning accreditation from the National Committee on Quality Assurance.

The effort is spearheaded by Marisue Cody, PhD, RN, director of the Center on Advice and Compliance Help (COACH) in Little Rock, and her colleague Karen Jeans, MSN, RN, CCRA. Their center is part of VA's Program on Research Integrity Development and Education (PRIDE), headed by assistant chief research and development officer Lynn Cates, MD.

VA made news in 2000 when it signed a \$5.8 million contract with NCQA and became the first research agency

requiring all its sites that conduct human research to undergo external accreditation. To date, eight centers have achieved full three-year accreditation, and the others are being scheduled this month for their surveys.

Beth Gibbs, RN, research assurance and compliance officer for Veterans Integrated Service Network (VISN) 7, is one of 15 ACE! trainers. She and the others completed an intensive "Train the Trainer" course from NCQA in September. In October they went to Baltimore to deliver the first of three trainings for VA research personnel. Gibbs and her colleagues used real examples from past NCQA surveys to help prepare attendees.

"This is new, and people don't know what to expect,"

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## Update from Health Services Research and Development Conference focused on long-term care

By John G. Demakis, MD, director

By 2010, the veteran population age 75 and older will increase from 4 million to 4.5 million, and the number of those over age 85 will triple. Not surprisingly, then, providing patient-centered, quality long-term care (LTC) for veterans is a high priority for VA's under secretary for health and was the subject of the recent State of the Art Conference (SOTA) sponsored by the Office of Research and Development.

Held in late September, the conference gathered policymakers, clinicians, researchers and other LTC experts to discuss what we know, and what we need to know, to provide optimal LTC for our veterans. Participants were divided into workgroups that addressed projecting LTC demand and planning resources; improving structures for patient-focused care; improving processes to ensure coordination of care; innovations and models in LTC; and measuring LTC quality.

Using nine commissioned papers as background and a catalyst for discussions, each workgroup identified major issues, gaps in knowledge, barriers and facilitators for their assigned area and made recommendations for research agenda items and policy considerations. Recommendations focus on an array of issues—from incorporating quality measurement into daily practice, to re-examining the impact of eligibility on access and equity of care.

Conference follow-up will include the planned publishing of the commissioned papers in a journal supplement; the submission of a research agenda for review by ORD, and the submission of a list of policy items for consideration by the under secretary for health.

This SOTA will contribute to VA's ongoing commitment to long-term health care, incorporating veterans' needs and their preferences for increased non-institutional services and options.

*In 2004 HSR&D will hold a State of the Art Conference on issues surrounding the implementation of research findings into practice. For more information about this event (participation is by invitation only), contact Karen Bossi at (617) 232-9500, ext. 5960, or karen.bossi@med.va.gov.*

VA Research Currents  
is published monthly for the  
Office of Research and Development  
of the Dept. of Veterans Affairs  
by VA R&D Communications  
103 S. Gay St., Rm. 517  
Baltimore, MD 21202  
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Statistics available from VA underscore the dramatic changes in VA health care referred to in the study. The number of veterans treated each year as inpatients decreased 40 percent between 1989 and 1999, from 617,288 to 367,486. Over the same period, the number of outpatients increased 31 percent, from 2,596,756 in 1989 to 3,391,276 in 1999. ■

## Recent publications

*The following is a sampling of recent publications by VA researchers. Due to space constraints, only VA authors and affiliations are noted.*

“Cholinergic Axons in the Rat Prostate and Neurons in the Pelvic Ganglion.” Irving Nadelhaft, PhD. **Bay Pines.** *Brain Research*, July 17, 2003.

“The Impact of Internet Access for People with Spinal Cord Injury: A Descriptive Analysis of a Pilot Study.” Bethlyn Vergo Houlihan, MSW; Mari-Lynn Drainoni, PhD; Grace Warner, PhD. **Bedford (Mass.)** *Disability and Rehabilitation*, 2003.

“Multidisciplinary Integrative Approach to Treating Knee Pain in Patients with Osteoarthritis.” Marc C. Hochberg, MD, MPH. **Baltimore.** *Annals of Internal Medicine*, Nov. 4, 2003 (editorial).

“The Relation between Postoperative Cardiac and Noncardiac Complications: Pathophysiological Dominoes or Doubles Tennis?” Valerie A. Lawrence, MD, Msc. **San Antonio.** *American Journal of Medicine*, Nov. 2003.

“They Treated Me Like a Leper: Stigmatization and the Quality of Life for Patients with Hepatitis C.” Susan Zickmund, PhD. **Iowa City.** *Journal of General Internal Medicine*, Oct. 2003.

“Validity and Reliability of the Motion Sensitivity Test.” Faith W. Akin, PhD; Mary Jo Davenport, PT, MS. **Mountain Home (Tenn.)** *VA's Journal of Rehabilitation Research and Development*, Sept./Oct. 2003.

“Why Would Caregivers Not Want to Treat Their Relative's Alzheimer's Disease?” David J. Casarett, MD; David A. Asch, MD. **Philadelphia.** *Journal of the American Geriatric Society*, Oct. 2003. ■

**TRAINERS** (cont. from pg. 1)

she said. "One of the aims of these conferences is to help alleviate that fear of the unknown."

The NCQA standards for VA—all 93 pages—sometimes require explanation, said Gibbs. (View the standards at <http://www.ncqa.org/Programs/QSG/VAHRPAP/vahrpap.htm>.) "We teach them how to read the standards," she said. "We give them 'pearls'—words of wisdom, helpful hints. We tell them what to look for, what to look out for." For example, she advises research administrators to visit the center's pharmacy, where study drugs are handled, and talk with the pharmacists to make sure everyone is interpreting the standards the same way.

Gibbs' home base, the Charleston VA Medical Center, is one of the sites to have already earned full accreditation. The others are in Hampton, Va; Los Angeles; Minneapolis; Mountain Home, Tenn; Pittsburgh, Providence and Syracuse.

According to Cates, the ACE! program focuses on using the NCQA standards as teaching tools. "One of the most important aims of these meetings is to heighten everyone's awareness that there is help readily available to anyone in VA who needs it," said Cates. She said the goal is to develop a network of experts who can respond to questions from the field on an ongoing basis. "The ACE! team will nurture every site through the accreditation process. We're telling sites that no question is too dumb."

She praised the team for their "generosity of spirit and talent" and described their first training session as "rip-roaring." "It was so successful that the audience stood up and raised a cheer during the concluding remarks. They thought it was such a great course."

Two more training sessions will take place this month in Chicago and San Francisco, and a make-up session will be held on the West Coast in January. About 300 medical center and VISN representatives will have attended altogether.

ACE! instructor Peter St. Arnold, a spinal cord researcher and administrative officer for research at the Memphis VA Medical Center, said he and his colleagues are also sharing research protocols with staff at VA's academic affiliates, such as the University of Florida. He asserted that VA's work with NCQA has inspired a trend in academic research toward enhanced human-subjects protection. He cited the University of Iowa's recent accreditation by the Association for the Accreditation of Human Research Programs, the first such accreditation for a university, as evidence of VA's influence.

"It's been the VA that has driven this. VA is leading the way," said St. Arnold. A former Air Force medic, he said he takes special pride in what accreditation means for VA research and the program's volunteers: "We want to advance science and medical care, but at the same time protect our veterans to the fullest degree."

For more information on the ACE! program contact Marisue Cody at (501) 257-1705 or [marisue.cody@med.va.gov](mailto:marisue.cody@med.va.gov). ■

### Acronyms for dummies?

ORD, ORI, ORO—what's it all mean? If you need help decoding some of the acronyms used these days in health research, and among VA researchers in particular, check out the following page on the VA Research website: [www.va.gov/resdev/PRIDE/acronyms.pdf](http://www.va.gov/resdev/PRIDE/acronyms.pdf).

## Better depression care for seniors helps arthritis pain

Providing more effective depression care for older primary-care patients may also improve their arthritis-related problems, according to a study appearing in the Nov. 12 *Journal of the American Medical Association*.

The study, part of a larger clinical trial known as IMPACT (Improving Mood: Promoting Access to Collaborative Treatment) that tested an innovative, collaborative model of depression care in more than 1,800 older adults, found that patients who received special depression care also showed less arthritis pain, fewer functional limitations, and better quality of life.

"Depression and arthritis pain are very common in the VA patient population," said one of the VA authors on the study, John W. Williams Jr., MD, of Durham. "Being able to show that treating depression improves arthritis pain is extremely relevant to us."

The trial took place at 18 primary care clinics, including sites at the South Texas and Central Texas Veterans Health Care systems. The study intervention featured nurses or psychologists working closely with primary care physicians, and consultation from team psychiatrists as needed. The study was coordinated through the University of California, Los Angeles.

The authors did not analyze which depression treatment—medication or problem-solving counseling—had a greater effect on arthritis problems, but they speculated that both types of treatment played a role.

In the main IMPACT analysis, published last year, half of IMPACT patients and only 20 percent of usual-care patients reported a 50-percent or greater reduction in depression symptoms after one year. ■

## Free distance-learning classes for VA researchers

VA's Seattle Epidemiologic Research and Information Center (ERIC) and Employee Education System are teaming with the University of Washington to sponsor six free "distance learning/cyber sessions" to educate VA researchers, clinicians and administrators in medical centers through the VA Knowledge Network satellite system.

Each course totals 10 hours. Courses to be aired in December and January will cover applied regression analysis, costs and outcomes research, clinical trials, and general biostatistics. For more information go to: [www.eric.seattle.med.va.gov/education/seattle\\_eric\\_cyber.htm](http://www.eric.seattle.med.va.gov/education/seattle_eric_cyber.htm).

## Peer-review guidelines posted on website

Newly revised guidelines for the scoring of VA research proposals can be found on the VA website at: [www.va.gov/resdev/fr/PeerReviewProcess.pdf](http://www.va.gov/resdev/fr/PeerReviewProcess.pdf)

## New method may curb unneeded prostate biopsies

Scientists at the Portland VA Medical Center and Oregon Health and Science University have developed a method that allows physicians to combine clinical, laboratory and ultrasound findings into a single score to help them predict whether a patient's prostate biopsy will be positive. The method could reduce the number of unnecessary biopsies by 24 percent, say the researchers. Their findings appeared in the Oct. 1 issue of *Cancer*.

"Three out of four men who receive a prostate biopsy after an abnormal prostate screening test do not have cancer at all," said lead author Mark Garzotto, MD. He said each unnecessary biopsy that is avoided would save up to \$861, based on university costs, and prevent the possibility of complications such as pain, infection and bleeding for the patient.

The model uses a nomogram, or numerical chart, that allows doctors to plot the values from a digital rectal exam, transrectal ultrasound and prostate-specific antigen test, along with the patient's age, and calculate the likelihood that a prostate biopsy would be positive, indicating the presence of cancer.

The model was tested with data on 1,239 veterans who had undergone a biopsy between 1993 and 2000. The nomogram technique had a sensitivity of 92 percent, meaning it accurately predicted a positive biopsy in 9 of 10 cases. It had a specificity rate of 24 percent, meaning that even relying on the model unnecessary procedures would still be performed, but only about three-quarters as many. The bottom line: significant savings with hardly any compromise on cancer detection.

"Normally we biopsy 100 percent of patients with a suspicious prostate," said Garzotto, a VA career development awardee. "However this model shaved 24 percent off the number of unnecessary biopsies. Our future goal would be to reduce this number even more." ■

Inside this issue...

- Preparing for NCOA accreditation
- Better depression care shown to aid arthritis
- Avoiding unneeded prostate biopsies